
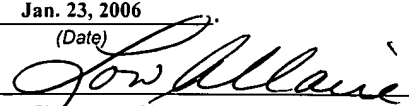


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity)				Docket No. PN0275	
In Re Application Of: Audun Tornes					
Application No. 10/530,094	Filing Date To be assigned	Examiner To be assigned	Customer No. 36335	Group Art Unit To be assigned	Confirmation No. 7464
Invention: Method, Compounds and Preparations for the Identification of Sentinel Lymph Nodes					
<u>COMMISSIONER FOR PATENTS:</u>					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>Nov. 18, 2005</u> above-identified application. <div style="text-align: center; font-size: small;">Date</div>					
The requested extension is as follows (check time period desired): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input checked="" type="checkbox"/> One month <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> from: <u>Jan. 18, 2006</u> <div style="text-align: center; font-size: x-small;">Date</div> </div> <div> until: <u>Feb. 18, 2006</u> <div style="text-align: center; font-size: x-small;">Date</div> </div> </div>					
The fee for the extension of time is \$120 and is to be paid as follows: <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 502-665 <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 502-665 <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>					
<div style="text-align: center;">  <hr style="width: 100%;"/> Signature </div>			Dated: Jan. 23, 2006		
Li Cai Reg. No. 45,629 Amersham Health, Inc. 101 Carnegie Center Princeton, NJ 08540			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on Jan. 23, 2006 <div style="text-align: center; font-size: x-small;">(Date)</div>  Signature of Person Mailing Correspondence Lori Allaire Typed or Printed Name of Person Mailing Correspondence </div>		

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